

# The Woodlands Township

## 2010 Season Pool Pass Form

Date	
Receipt #	
Facility	
Staff Initial	

PLEASE PRINT LEGIBLY \_\_\_\_\_ NEW \_\_\_\_\_ RENEWAL \_\_\_\_\_ PUNCHCARD # \_\_\_\_\_

### HEAD OF HOUSEHOLD INFORMATION

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home #: \_\_\_\_\_ Work #: \_\_\_\_\_  
 Village: \_\_\_\_\_ Email: \_\_\_\_\_

### LIST ALL IMMEDIATE FAMILY MEMBER PASS HOLDERS

Pass #1	First Name	_____	MI	_____	Last Name	_____	DOB	____/____/____	Gender	_____
Pass #2	First Name	_____	MI	_____	Last Name	_____	DOB	____/____/____	Gender	_____
Pass #3	First Name	_____	MI	_____	Last Name	_____	DOB	____/____/____	Gender	_____
Pass #4	First Name	_____	MI	_____	Last Name	_____	DOB	____/____/____	Gender	_____
Pass #5	First Name	_____	MI	_____	Last Name	_____	DOB	____/____/____	Gender	_____
Pass #6	First Name	_____	MI	_____	Last Name	_____	DOB	____/____/____	Gender	_____
Pass #7	First Name	_____	MI	_____	Last Name	_____	DOB	____/____/____	Gender	_____

### EMERGENCY CONTACT INFORMATION

Contact Name \_\_\_\_\_ Phone \_\_\_\_\_ Alternate # \_\_\_\_\_

### COMPLETE ONLY IF YOU NEED REPLACEMENT SEASON PASS CARD(S)

# of Replacement Card(s) \_\_\_\_\_ (Pick-up at The Woodlands Township Recreation Center)

### INDEMNIFICATION, WAIVER AND RELEASE

In consideration of the furtherance of your purposes, objectives and work and in consideration of your permitting me, my child, ward or heir to participate in any program (s) or event (s) pertaining to The Woodlands Township, or its affiliates or subsidiaries, officers, directors, shareholders, agents, or employees (hereinafter "the Township"), I, the undersigned, or if under 18, my parent or guardian, shall indemnify the Township and hold the Township free and harmless from all claims for personal injuries, including death, and all property damage, including damages alleged to have been caused by the Township's negligence or gross negligence, my own negligence or gross negligence, the undersigned negligence or gross negligence, or third parties' negligence or gross negligence, whether such claims are made by myself, the undersigned, or by third parties. **I understand that I am indemnifying the Township from any and all claims arising from myself or third parties.**

**Furthermore, the Township shall not be liable to the undersigned on any theory of legal liability, including, but not limited to the Township's sole or concurrent negligence or gross negligence, for any property damage or personal injury, including death.**

I hereby consent to the photographing of myself and recording of my voice and the use of these photographs and/or recordings singularly or in conjunction with or other photographs and/or recordings for advertising publicity, commercial or other business purposes. I do understand the term "photograph" as used herein encompasses both still and motion picture footage, either in film or electronic format. I further consent to the reproduction and/or authorization by the Township to reproduce such photographs and recording for all domestic and foreign markets.

I verify that the participant is in good physical health and able to participate in and/or complete the following program (s) or event.

Signature \_\_\_\_\_  
 (Signature or if under 18 years of age, signature of parent or guardian)

**ALL NEW PASS HOLDERS MUST VISIT THE WOODLANDS TOWNSHIP RECREATION CENTER TO HAVE THEIR PICTURE TAKEN AS THE FINAL STEP IN PURCHASING A SEASON PASS. NOTE: IF PURCHASED AT A POOL, PLEASE ALLOW 2 BUSINESS DAYS FOR PROCESSING BEFORE GOING TO THE WOODLANDS TOWNSHIP RECREATION CENTER TO HAVE ALL PICTURE(S) TAKEN. THIS RECEIPT WILL ONLY BE ACCEPTED FOR POOL ENTRY FOR 1 WEEK.**

### STAFF USE ONLY

Age Group	Quantity	Price	Sub Total	Method of Payment	
0 - 2 yrs	@	\$6.00	_____	Cash	_____
3 - 54 yrs	@	\$40.00	_____	Check #	_____
55 & Up	@	\$10.00	_____	Master Card #	_____ Exp Date _____
Non-res (0-2)	@	\$20.00	_____	Visa #	_____ Exp Date _____
Non-res (3&up)	@	\$100.00	_____	AMEX #	_____ Exp Date _____
Resident-Punch Card	@	\$30.00	_____	Discover #	_____ Exp Date _____
Nonresident-					
RFAC Punch Card	@	\$50.00	_____		
Replacement Card	@	\$5.00	_____		
*Discount	@	\$8.00	_____		
**Discount	@	\$10.00	_____		
<b>TOTAL</b>			_____		

\* Discount - Additional Immediate Family Member Pass (Over 4)

\*\* Discount - Enrolled on the Hurricanes, Waves, or Riptides Teams